

## HEALTH ENTITIES

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**REQUIRED FILINGS IN THE STATE OF:** Alabama **Filings Made During the Year 2009**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2"X14")	1	EO	xxx	3/1	NAIC	B,R
	1.1	Printed Investment Schedule detail (Pages E01-E26)	1	EO	xxx	3/1	NAIC	B
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	O
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident and Health Policy	1	EO	xxx	4/1	NAIC	B,O
	11	Actuarial Opinion	1	EO	1	3/1	Company	B
	12	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	O
	13	Life Supplemental data due March 1	1	EO	xxx	3/1	NAIC	B,O
	14	Life Supp Statement non-guaranteed elements –Exh 5, Int. #3	1	EO	xxx	3/1	Company	O
	15	Life Supp Statement on par/non-par policies – Exh 5 Int. 1.1	1	EO	xxx	3/1	Company	O
	16	Life Supplemental Data due April 1	1	EO	xxx	4/1	NAIC	B,O
	17	Long-term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	O
	18	Management Discussion & Analysis	1	EO	N/A	4/1	Company	O
	19	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	B,O
	20	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,O
	21	Property/Casualty Supplement due March 1	1	EO	xxx	3/1	NAIC	B,O
	22	Property/Casualty Supplement due April 1	1	EO	xxx	4/1	NAIC	O
	23	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	B
	24	Schedule SIS	1	N/A	N/A	3/1	NAIC	B,O
	25	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	B,O
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	43	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	44	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	45	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	46	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
	47	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	48	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	61	Accountants Letter of Qualifications	1	N/A	N/A		Company	O
	62	Audited Financial Statements	1	EO	N/A	6/1	Company	O
	63	Audited Financial Statements Exemption Affidavit	1	N/A	N/A		Company	O
	64	Independent CPA	1	N/A	N/A		Company	O
	65	Notification of Adverse Financial Condition	1	N/A	N/A		Company	O
	66	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A		Company	O
	67	Request for Exemption to File	1	N/A	N/A		Company	J,O

		V. STATE REQUIRED FILINGS						
	101	Filings Checklist (with Column 1 completed)	1	1	1		State	B
	102	State Filing Fees	1	0	1	3/1	State	C,P
	103	Signed Jurat	0	0	1		NAIC	L
	104	Certificate of Compliance	0	0	1	3/1	State	B,Q
	105	Certificate of Deposit	0	0	1	3/1	State	B,Q
	106	Certificate of Valuation	0	0	1	3/1	State	B,Q
	107	Premium Tax	1	0	1	3/1,5/15,8/15 11/15	State	D,P
	108	Application For Renewal	1	0	1	3/1	State	B,P
	109	Official List	1	0	1	3/1	State	B,P
	110	Documentation for Premium Tax Return	1	0	1	3/1	Company	D,Q
	111	Retaliatory Tax Statement	0	0	1	3/1	State	D,P

\* ALDOI no longer accepts paper filings of foreign insurers' annual financial statements. All foreign insurers' annual financial statements must be submitted electronically to the National Association of Insurance Commissioners (NAIC) in lieu of submitting a paper copy to the Department.

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)			
A	<p>Required Filings Contact Person:</p> <p>Ann Strickland, Examiner      334-241-4154  <a href="mailto:Ann.Strickland@insurance.alabama.gov">Ann.Strickland@insurance.alabama.gov</a></p> <p>Belinda Williams, Examiner      334-241-4162  <a href="mailto:Belinda.Williams@insurance.alabama.gov">Belinda.Williams@insurance.alabama.gov</a></p> <p>Todrick Burks, Examiner      334-241-4163  <a href="mailto:Todrick.Burks@insurance.alabama.gov">Todrick.Burks@insurance.alabama.gov</a></p>		
B	<p>Mailing Address:</p> <p>Postal Service: Alabama Department of Insurance  c/o Compass Bank  P. O. Box 830691  Birmingham, AL 35283-0691</p> <p>Courier Service: Alabama Department of Insurance  c/o Compass Bank  701 South 32nd Street  Birmingham, AL 35233</p>		

C	<p>Mailing Address for Filing Fees:  HMO Certificate of Authority Renewal Fee: \$205.00  HMO Annual Statement Filing Fee: \$20.00  HMDI Certificate of Authority Renewal Fee: \$505.00  HMDI Annual Statement Filing Fee: \$25.00  The Certificate of Authority Renewal Fee and Annual Statement Filing Fee must be attached to a completed Premium Tax Return and mailed to:</p> <p>Postal Service: Alabama Department of Insurance  c/o Compass Bank  P. O. Box 830691  Birmingham, AL 35283-0691</p> <p>HMDI \$750.00 Audit and Exam Fee and HMO \$250.00 Audit and Exam Fee must be attached to a completed Transmittal Form and mailed to:</p> <p>Postal Service: Alabama Department of Insurance  c/o Compass Bank  P. O. Box 830707  Birmingham, AL 35283-0707</p> <p>Courier Service: Alabama Department of Insurance  c/o Compass Bank  701 South 32nd Street  Birmingham, AL 35233</p>	
D	<p>Mailing Address for Premium Tax Payments:</p> <p>Postal Service: Alabama Department of Insurance  c/o Compass Bank  P. O. Box 830691  Birmingham, AL 35283-0691</p> <p>Courier Service: Alabama Department of Insurance  c/o Compass Bank  701 South 32nd Street  Birmingham, AL 35233</p> <p>Premium Tax Payments must be attached to completed Premium Tax Returns.</p>	
E	<p>Delivery Instructions:</p> <p>All filings must be postmarked no later than the due date. If the due date falls on a weekend or holiday, the due date is the next business day.</p>	
F	<p>Late Filings:</p> <p>The company's Certificate of Authority can be suspended or revoked for filing the annual statement late. Late filing of premium tax returns and late payment of premium tax brings a fine of \$1,000-\$10,000.</p>	
G	<p>Original Signatures:</p> <p>Original signatures are required on all filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions.</p>	

H	<p>Signature/Notarization/Certification:</p> <p>The President or Vice-President and Secretary or Actuary are required to file the annual statement. Must be notarized.</p>	
I	<p>Amended Filings:</p> <p>Amended annual statements must be properly bound and mailed along with an explanation of the amendments to: 201 Monroe Street, Suite 1700, Montgomery, AL 36104.</p>	
J	<p>Exceptions from normal filings:</p> <p>No extensions can be granted for filing the annual statements. Extension and exemption requests for filing audited financial statements must be made at least 10 days prior to the due date.</p> <p>Premium Tax and Premium Tax Returns: No Extensions.</p>	
K	<p>Bar Codes (State or NAIC)</p> <p>The NAIC Annual Statement Instructions should be followed.</p>	
L	<p>Signed Jurat:</p> <p>Foreign:</p> <p>This state waives foreign insurers from filing printed quarterly statements, annual statements and supplements. The signed jurat page is required for the Annual Statement.</p>	
M	<p>NONE Filings:</p> <p>The NAIC Annual Statement Instructions should be followed.</p>	
N	<p>Filings new, discontinued or modified materially since last year:</p> <p>Foreign insurers are no longer required to file a hard copy Annual Statement with this Department if it is filed electronically with the NAIC.</p>	
O	<p>Domestic companies should mail the Quarterly Financial Statement, supplemental filings made after 3/1, MDA, and Audited Financial Statements to the Alabama Department of Insurance at 201 Monroe Street, Suite 1700, Montgomery, AL 36104.</p>	
P	<p>State Specific forms are located on the Insurance Department website at <a href="http://www.aldoi.gov">www.aldoi.gov</a>. Click on Companies/Forms and either Domestic Insurance Companies/Domestic HMO or Foreign Insurance Companies/Foreign HMO. Not for Profit Hospitalization should click on Companies/Forms/Not for Profit Hospitalization.</p>	
Q	<p>All premium tax credits/deductions taken on the annual premium tax return should be documented with copies of cancelled checks and privilege tax returns, ad valorem tax notices, guaranty fund and Alabama Health Insurance Plan assessment notices, invoices. Premiums which are taxed at less than the maximum should be documented with detailed policy runs. Documentation should be filed with the annual premium tax return.</p>	
R	<p>The Alabama Department of Insurance no longer accepts the paper filings of financial statements from foreign insurers. All foreign insurers' annual financial statements must be submitted electronically to the National Association of Insurance Commissioners (NAIC) in lieu of submitting a paper copy to the Department. All domestic insurers are still required to submit annual and quarterly statements in paper copy to the Department as well as electronically to the NAIC by the statutory due date.</p>	

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

**Electronic Filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The *Risk-Based Capital .PDF Filing* is the .pdf file for risk-based capital data.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplemental .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the complete quarterly filing and the PDF files for all quarterly data.

The *Quarterly .PDF Filing* is the .pdf file for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.